

**Department of Public Health and Social Services  
Division of Environmental Health  
Food Establishment Inspection Report**

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INSPECTION	RSN	TYPE	GRADE	INSPECTION DATE	ESTABLISHMENT NAME
Regular			<b>A</b>	<u>06 / 19 / 2017</u>	<u>NAYON EXPRESS RESTAURANT</u>
Follow-up	<input checked="" type="checkbox"/>			TIME IN	TIME OUT
Complaint			RATING	<u>10:01 AM</u>	<u>11:15 AM</u>
Investigation			<input checked="" type="checkbox"/>	SANITARY PERMIT NO.	PERMIT HOLDER
Other:				<u>160002434</u>	<u>GALALO, GALVIN</u>
ESTABLISHMENT TYPE				AREA	TELEPHONE
<u>RESTAURANT</u>				<u>2</u>	<u>637-5223</u>
				No. of Risk Factor/Intervention Violations	RISK CATEGORY
				<u>0</u>	<u>3</u>
				No. of Repeat Risk Factor/Intervention Violations	
				<u>0</u>	

**FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS**

Circle designated compliance (IN, OUT, N/O, N/A) for each numbered item. Mark "X" in appropriate box for COS and/or R.

IN = In compliance OUT = Not in compliance N/O = Not observed N/A = Not applicable COS = Corrected on-site during inspection R = Repeat violation PTS = Dement points

Compliance Status				COS	R	PTS
<b>Supervision</b>						
1	<input checked="" type="checkbox"/> IN	OUT	Person in charge present, demonstrates knowledge, and performs duties			6
<b>Employee Health</b>						
2	<input checked="" type="checkbox"/> IN	OUT	Management awareness; policy present			6
3	<input checked="" type="checkbox"/> IN	OUT	Proper use of reporting, restriction & exclusion			6
<b>Good Hygienic Practices</b>						
4	<input checked="" type="checkbox"/> IN	OUT	N/A	N/O	Proper eating, tasting, drinking, betelnut, or tobacco use	6
5	<input checked="" type="checkbox"/> IN	OUT	N/A	N/O	No discharge from eyes, nose, and mouth	6
<b>Preventing Contamination by Hands</b>						
6	<input checked="" type="checkbox"/> IN	OUT	N/A	N/O	Hands clean and properly washed	6
7	<input checked="" type="checkbox"/> IN	OUT	N/A	N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed	6
8	<input checked="" type="checkbox"/> IN	OUT			Adequate handwashing facilities supplied & accessible	6
<b>Approved Source</b>						
9	<input checked="" type="checkbox"/> IN	OUT			Food obtained from approved source	6
10	<input checked="" type="checkbox"/> IN	OUT	N/A	N/O	Food received at proper temperature	6
11	<input checked="" type="checkbox"/> IN	OUT			Food in good condition, safe, and unadulterated	6
12	<input checked="" type="checkbox"/> IN	OUT	N/A	N/O	Required records available: shellstock tags, parasite destruction	6
<b>Protection from Contamination</b>						
13	<input checked="" type="checkbox"/> IN	OUT	N/A		Food separated and protected	6
14	<input checked="" type="checkbox"/> IN	OUT	N/A		Food contact surfaces: cleaned & sanitized	6
15	<input checked="" type="checkbox"/> IN	OUT			Proper disposition of returned, previously served, reconditioned, and unsafe food	6
<b>Potentially Hazardous Food (TCS Food)</b>						
16	<input checked="" type="checkbox"/> IN	OUT	N/A	N/O	Proper cooking time and temperatures	6
17	<input checked="" type="checkbox"/> IN	OUT	N/A	N/O	Proper reheating procedures for hot holding	6
18	<input checked="" type="checkbox"/> IN	OUT	N/A	N/O	Proper cooling time and temperatures	6
19	<input checked="" type="checkbox"/> IN	OUT	N/A	N/O	Proper hot holding temperatures	6
20	<input checked="" type="checkbox"/> IN	OUT	N/A		Proper cold holding temperatures	6
21	<input checked="" type="checkbox"/> IN	OUT	N/A	N/O	Proper date marking and disposition	6
<b>Consumer Advisory</b>						
22	<input checked="" type="checkbox"/> IN	OUT	N/A		Consumer Advisory provided for raw or undercooked foods	6
<b>Highly Susceptible Populations</b>						
23	<input checked="" type="checkbox"/> IN	OUT	N/A		Pasteurized foods used; prohibited foods not offered	6
<b>Chemical</b>						
24	<input checked="" type="checkbox"/> IN	OUT	N/A		Food additives: approved and properly used	6
25	<input checked="" type="checkbox"/> IN	OUT			Toxic substances properly identified, stored, used	6
<b>Conformance with Approved Procedures</b>						
26	<input checked="" type="checkbox"/> IN	OUT	N/A		Compliance with variance, specialized process, and HACCP plan	6

Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health interventions are control measures to prevent foodborne illness or injury.

**GOOD RETAIL PRACTICES**

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods.

Mark "X" in box: If numbered item is not in compliance and/or if COS and/or R. COS = Corrected on-site during inspection R = Repeat violation PTS = Dement points

Compliance Status				COS	R	PTS
<b>Safe Food and Water</b>						
27			Pasteurized eggs used where required			1
28			Water and ice from approved source			2
29			Variance obtained for specialized processing methods			1
<b>Food Temperature Control</b>						
30			Proper cooling methods used; adequate equipment for temperature control			1
31			Plant food properly cooked for hot holding			1
32			Approved thawing methods used			1
33			Thermometer provided and accurate			1
<b>Food Identification</b>						
34			Food properly labeled; original container			1
<b>Prevention of Food Contamination</b>						
35			Insects, rodents, and animals not present			2
36			Contamination prevented during food preparation, storage & display			1
37			Personal cleanliness			1
38			Wiping cloths: properly used and stored			1
39			Washing fruits and vegetables			1
<b>Proper Use of Utensils</b>						
40			In-use utensils: properly stored			1
41			Utensils, equipment and linens: properly stored, dried, handled			1
42			Single-use/single-service articles: properly stored, used			1
43			Gloves used properly			1
<b>Utensils, Equipment and Vending</b>						
44			Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used			1
45			Warewashing facilities: installed, maintained, used; test strips			1
46			Nonfood-contact surfaces clean			1
<b>Physical Facilities</b>						
47			Hot & cold water available, adequate pressure			2
48			Plumbing installed; proper backflow devices			2
49			Sewage and wastewater properly disposed			2
50			Toilet facilities: properly constructed, supplied, & cleaned			2
51			Garbage/refuse properly disposed; facilities maintained			2
52			Physical facilities installed, maintained, and clean			1
53			Adequate ventilation and lighting; designated areas use			1
<b>Documents and Placards</b>						
54			Sanitary Permit, Health Certificates valid and posted			2

I have read and understand the above violation(s), and I am aware of the corrective measures that shall be taken.

Person in Charge (Print and Sign) <u>RColumpus</u> <u>06/19/17</u>	Date:
DEH Inspector (Print and Sign) <u>LEILANI NAVARRO, EPITO I</u>	Follow-up (Circle one): YES <input checked="" type="radio"/> NO <input type="radio"/> Follow-up Date <u>N/A</u>

## Food Establishment Inspection Report

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ESTABLISHMENT NAME <b>NAYON EXPRESS RESTAURANT</b>		LOCATION (Address) <b>2068 RTE 16, ARMY DRIVE, HARMON</b>
INSPECTION DATE <b>06/19/2017</b>	SANITARY PERMIT NO. <b>160002434</b>	PERMIT HOLDER <b>CALALO, GALVIN</b>

## TEMPERATURE OBSERVATIONS

Item/Location	Temperature (° F)	Item/Location	Temperature (° F)
<b>RAW SHELLLED EGG / CHILLER</b>	<b>42.5</b>		

ITEM NO.	OBSERVATIONS AND CORRECTIVE ACTIONS	CORRECT BY DATE
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Violations cited in this report must be corrected within the time frames indicated, or as stated in Sections 8-405.11 and 8-406.11 of the Guam Food Code.

A FOLLOW-UP INSPECTION WAS CONDUCTED TODAY FOR PREVIOUS INSPECTION DATED 06/15/17 WHICH RESULTED IN A RATING/GRADE OF 58/D. ALL PREVIOUS VIOLATIONS OF ITEMS # 1, 2, 6, 8, 13, 20, 19, 21, 26, 32, 33, 34, 38, 41, 44, 40, 46, 51, 52, AND 53 WERE CORRECTED, AND THE FOLLOWING WAS OBSERVED TODAY:

NO NEW VIOLATIONS.

PIC PROVIDED A LETTER TO ST. PAUL AND I LEARN SCHOOLS INDICATING THAT THEY WILL STOP CATERING FOOD TO SAID INSTITUTIONS. LETTER WAS ACKNOWLEDGED BY SCHOOL REPRESENTATIVE. SEE ATTACHED.

REMOVED "D" PLACARD AND NOTICE OF CLOSURE.

ISSUED "A" PLACARD NO. 01813 AND SANITARY PERMIT (SP) PAYMENT ROUTING SLIP.

SP SHALL BE REINSTATED AFTER PAYMENT OF \$100 RE-INSTATEMENT FEE TO DPHSS.

BRIEFED MANAGER, BERNADETTE COLUMBRES, ON ABOVE INFORMATION.

Based on the inspection today, the items listed above identify violations which shall be corrected by the date specified by the Department. Failure to comply may result in the immediate suspension of the Sanitary Permit or downgrade. If seeking to appeal the result of any notice or inspection findings, a written request for hearing must be submitted to the Director within the period of time established in the notice for corrections.

Person in Charge (Print and Sign)

**BERNADETTE COLUMBRES** *B. Columbres*

Date:

**06/19/17**

DEH Inspector (Print and Sign)

**LEILANI NAVARRO, EPITO I** *LN*

Date:

**06/19/17**